



Complete Summary

TITLE

Cervical cancer screening: percentage of women ages 21 years and older in the measurement year screened in accordance with evidence-based standards.

SOURCE(S)

HealthPartners. 2009 clinical indicators report: 2008/2009 results. Minneapolis (MN): HealthPartners; 2009 Oct. 115 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of women ages 21 years and older in the measurement year screened for cervical cancer in accordance with evidence-based standards:

- One screening Pap test in measurement year or two years prior for women ages 24 to 64 and no history of hysterectomy (ages 21 + 3 year look back period).
- No Pap test in the measurement year for women ages 65 and older, or women ages 24 and older with history of hysterectomy.

Not screened:

- No screening Pap test in measurement year or two years prior for women ages 24 to 64 and no history of hysterectomy (ages 21 + 3 year look back period).

Screened more frequently:

- Two or more screening Pap tests in measurement year or two years prior for women ages 24 to 64 and no history of hysterectomy (ages 21 + 3 year look back period).
- One or more Pap tests in the measurement year for women ages 65 and older.
- One or more Pap tests for women ages 24 and older with history of hysterectomy (ages 21 + 3 year look back period).

RATIONALE

Multiple studies indicate that over 50% of cervical cancers occur in women who have never been screened. At the same time, many women are screened for cervical cancer more frequently than is supported by the evidence resulting in significant unnecessary health care expenditures and patient inconvenience. Therefore, it is this population that the guideline is intended to impact the greatest. Significant risk factors for cervical cancer are failure to be screened on a regular basis, and a previously abnormal Pap smear within the last five years.

- Screening need not be performed for women who have had a hysterectomy for benign disease, provided they have no history of cervical intraepithelial neoplasia (CIN) 2 or CIN 3.
- Women with a history of CIN 2/3 prior to but not as the indication for hysterectomy should be screened until three consecutive, technically satisfactory normal/negative vaginal cytology tests with no abnormal/positive cytology test within a ten-year period are achieved.
- Initially all women should have annual Pap smear screening beginning at age 21 or at three years after the onset of sexual activity.
- It is appropriate to resume Pap smear screening in a woman age 65 and older who has a new sexual partner.
- After three consecutive normal Pap smears, and no dysplasia within the last five years, women may have their screening performed less frequently at the discretion of the clinician and patient.

PRIMARY CLINICAL COMPONENT

Cervical cancer screening; Pap smear

DENOMINATOR DESCRIPTION

All women ages 21* years and older as of December 31 of the measurement year who were continuously enrolled for 3 years (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

*Due to a 3 year look-back period, this measure includes all women ages 24 and older as of December 31 of the measurement year.

NUMERATOR DESCRIPTION

The number of women from the denominator screened in accordance with evidence-based standards (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

HealthPartners. 2009 clinical indicators report: 2008/2009 results. Minneapolis (MN): HealthPartners; 2009 Oct. 115 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 24 years (ages 21 + 3 year look back period)

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories**IOM CARE NEED**

Staying Healthy

IOM DOMAIN

Effectiveness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All women ages 24 years and older as of December 31 of the measurement year who were continuously enrolled for 3 years

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All women ages 21* years and older as of December 31 of the measurement year who were continuously enrolled for 3 years

*Due to a 3 year look-back period, this measure includes all women ages 24 and older as of December 31 of the measurement year.

Exclusions

Members who have a history of any abnormal cervical cancer screening, including cervical human papillomavirus (HPV), within five years or with a history of cervical cancer.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of women from the denominator screened in accordance with evidence-based standards:

- One screening Pap test in measurement year or two years prior for women ages 24 to 64 and no history of hysterectomy.

- No Pap test in the measurement year for women ages 65 and older, or women ages 24 and older with history of hysterectomy.

Not screened:

- No screening Pap test in measurement year or two years prior for women ages 24 to 64 and no history of hysterectomy.

Screened more frequently:

- Two or more screening Pap tests in measurement year or two years prior for women ages 24 to 64 and no history of hysterectomy.
- One or more Pap tests in the measurement year for women ages 65 and older.
- One or more Pap tests for women ages 24 and older with history of hysterectomy.

Exclusions

Diagnostic pap tests are not counted. They are identified by Current Procedure Terminology (CPT) 88142 with International Classification of Diseases, Ninth Revision (ICD-9) 795.0.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Percent with evidence-based screening - 2008 Goal:

- Excellent--45%
- Superior--55%

EVIDENCE FOR PRESCRIPTIVE STANDARD

HealthPartners. 2009 clinical indicators report: 2008/2009 results. Minneapolis (MN): HealthPartners; 2009 Oct. 115 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure has been used to report medical group and health plan performance for three years. Data accuracy has been verified by medical group and health plan personnel over that period.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Institute for Clinical Systems Improvement (ICSI). Preventive services for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Oct. 71 p. [163 references]

Identifying Information

ORIGINAL TITLE

Evidence-based cervical cancer screening - primary care: average risk asymptomatic women.

MEASURE COLLECTION

[HealthPartners Clinical Indicators](#)

MEASURE SET NAME

[Cervical Cancer \(Health Partners Clinical Indicators\)](#)

DEVELOPER

HealthPartners

FUNDING SOURCE(S)

HealthPartners

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Provider Measurement Committee

Preventive Services Quality Committee

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 Oct

REVISION DATE

2009 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: HealthPartners. 2007 clinical indicators report: 2006/2007 results. Minneapolis (MN): HealthPartners; 2007 Oct. 97 p.

SOURCE(S)

HealthPartners. 2009 clinical indicators report: 2008/2009 results. Minneapolis (MN): HealthPartners; 2009 Oct. 115 p.

MEASURE AVAILABILITY

The individual measure, "Evidence-based Cervical Cancer Screening - Primary Care: Average Risk Asymptomatic Women," is published in "2009 Clinical Indicators Report: 2008/2009 Results."

For print copies of the 2009 Clinical Indicators Report: 2008/2009 Results, please contact HealthPartners Quality Measurement and Improvement Department at (952) 883-5777; E-mail: quality@healthpartners.com; Web site: healthpartners.com/quality.

COMPANION DOCUMENTS

The following is available:

- Institute for Clinical Systems Improvement (ICSI). Preventive services for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Oct. 71 p.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on May 23, 2008. The information was verified by the measure developer on June 20, 2008. This NQMC summary was updated by ECRI Institute on January 13, 2010. The information was verified by the measure developer on February 10, 2010.

COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

[Copyright/Permission Requests](#)

Date Modified: 3/15/2010

